

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

PHYSICAL THERAPIST ASSISTANT CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PHYSICAL THERAPIST ASSISTANT SCHOOL
AND RETURNED TO THE PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

APPLICANT - Please complete this section.	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____ - ____ - ____
ADDRESS (City, State, Zip) _____	Date of Graduation ____ / ____ / ____
CERTIFYING SCHOOL - Please complete this section.	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
DEGREE AWARDED _____	MAJOR _____
DATE DIPLOMA GRANTED _____	

Signature of Dean or Department Head

Date

SCHOOL SEAL

* For use in the school locating your records.